

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                 |
|------------------------|-----------------|
| Application No.        | 10/814,774      |
| Filing Date            | March 30, 2004  |
| First Named Inventor   | David K. Parker |
| Group Art Unit         | 2476            |
| Examiner Name          | Salman Ahmed    |
| Attorney Docket Number | 2717P164        |

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with Customer Number:

**45220**

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

**08791**

OR

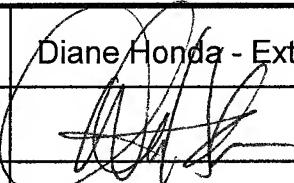
|   |           |          |  |
|---|-----------|----------|--|
| <input type="checkbox"/> Firm or<br>Individual Name |           |          |  |
| Address   |           |          |  |
| Address   |           |          |  |
| City  | State     | Zip Code |  |
| Country   | Telephone | Fax      |  |

I am the:

Applicant.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name  Diane Honda - Extreme Networks VP, General Counsel & Secretary

Signature

Date

4.8.10

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.